

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 16612

FILED JUN 4 1943  
 318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4835

1. PLACE OF DEATH:  
 (a) County.....  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Homer Phillips Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 mo. 28 days  
 In this community 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Daisy Smith  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No. ....

4. Sex Female 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced, Widow  
 6. (b) Name of husband or wife.....  
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Unknown  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
about 53 hr. min.

9. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Peter Mill

13. Birthplace Tenn.  
 (City, town, or county) (State or foreign country)

14. Maiden name Irene Van Heck

15. Birthplace Tenn.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier

17. (a) Burial (b) Date thereof MAY 27 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director H. Merschman

(b) Address City, N. Whittier

19. (a) MAY 26 1943 (b) J. F. Brulotte  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County.....  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5800 Arsenal  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 9,  
 year 1943 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from March  
11, 1943, to May 9, 1943  
 that I last saw h. er alive on May 9, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Gangrene right foot (autopsy)  
Arteriosclerosis (autopsy)  
Nephroclerosis (autopsy)  
 Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 (City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury.....

23. Signature C. R. Merty (M. D. or nurse)  
 Address 2601 N. Whittier Date signed 5/27/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**